

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/29/2007

FILING DATE

APPLICANT(S)

2-27-04 3-16-04

CLAIMS

	"AS CLAIMED"		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	4	0	4	0		0
TOTAL DEP.	6	0	6	0		0
TOTAL CLAIMS	10		10			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS